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## BIB DATA SHEET

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10/526,690	03/03/2005 RULE	604	1615	18593

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/SE03/01360 09/02/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FINLAND 20021570 09/03/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY FINLAND	SHEETS DRAWINGS 0	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged _____ /CARALYNNE E HELM/ Examiner's Signature						

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**TITLE**

Coated stent

<b>FILING FEE RECEIVED</b> 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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